State of Alaska FY2009 Governor's Operating Budget

Department of Health and Social Services AK Fetal Alcohol Syndrome Program Component Budget Summary

Component: AK Fetal Alcohol Syndrome Program

Contribution to Department's Mission

To reduce alcoholism and substance use and abuse among pregnant women and women of child bearing age.

The expected outcomes of the Alaska Fetal Alcohol Syndrome (FAS) program are to prevent alcohol-related birth defects, to increase diagnostic services in Alaska, to improve the delivery of community-based services to those individuals already affected by fetal alcohol spectrum disorders (FASD) and to evaluate the outcomes of our statewide project.

Core Services

Services include training, public education, coordination of statewide diagnostic services, community support through grants and contracts, and the on-going development of partnerships with other divisions, departments, community agencies, Native health corporations and parents/caregivers to decrease the prevalence of fetal alcohol spectrum disorders.

FY2009 Resources Allocated to Achieve Results				
FY2009 Component Budget: \$1,292,800	Personnel: Full time	0		
	Part time	0		
	Total	0		

Key Component Challenges

The Alaska Fetal Alcohol Syndrome (FAS) program has been fully integrated into the section of Prevention and Early Intervention Services of the Division of Behavioral Health. From FFY00 through FFY06 Alaska was the recipient of a \$29 million earmark from Senator Ted Stevens to develop a comprehensive, statewide effort to reduce and prevent prenatal exposure to alcohol and the resulting consequences. During these six years the project focused on developing a sustainable effort that would continue beyond the federal funding. While much of the infrastructure that was developed with the federal funding continues today, the reduction in funding has impacted the intensity and comprehensive nature of the program and its reach. Beginning in FY06 the funding stream for the 12 community-based fetal alcohol spectrum disorders (FASD) diagnostic teams changed from annual grant funds to a Provider Agreement payment system (per diagnosis payment). While the Provider Agreement funding format has worked well for some diagnostic teams, others continue to struggle with team sustainability. In an effort to support the statewide diagnostic team structure, the division plans to provide increased training and technical assistance to our team coordinators and their parent organizations. Many teams do not have the capacity to diagnose adolescents and adults, an identified and growing need. Two areas of diagnostic need are related to the Bring the Kids Home initiative and the new FASD/SED Medicaid Waiver Demonstration Project where many of the youth in out-of-state custody have been identified as having an FASD or are highly suspected of having an FASD. As local community-based services are developed for these youth it will be critical to have the capacity to adequately diagnose their ability and functionality.

Significant Changes in Results to be Delivered in FY2009

There will be no significant changes in results to be delivered in FY09.

Major Component Accomplishments in 2007

The Alaska Fetal Alcohol Spectrum Disorder (FASD) Program highlights include:

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- FASD curriculum development project continues to be used across the state through two curricula: FASD 101 is titled "Disabilities of Discovery: Insights into Brain-Based Disabilities" and FASD 201 is titled "Developing Successful Interventions and Supports." Over 1,000 individuals have received the FASD 101 training with an aggregate increase in FASD knowledge of 31%. A list of all certified trainers is on the division's Website at www.hss.state.ak.us\fas\Resources\trainers\default.htm. The FASD 101 for Educators is an online 4-hour course specifically developed to meet the needs of Alaska educators and the statutory requirement that all educators must be trained in FASD. The curriculum is currently being used in a number of other states, being seen as a quality curriculum that is useful with audiences outside of Alaska.
- Fourteen (14) FASD community-based grant programs are funded by the division across the state. These
 projects range from prevention programs aimed at middle and high-school aged youth; to prenatal programs
 working with expectant moms and dads; to training programs for school personnel working with children and
 youth with an FASD; to life-skills development programs for adolescents and young adults with an FASD.
 Through these grant programs, community coalitions work on the many issues related to FASD increasing
 community awareness, education and activities aimed at reducing prenatal exposure to alcohol.
- The Alaska FASD community-based diagnostic team network currently has 12 community-based diagnostic teams across Alaska and one specialized team located at the Alaska Psychiatric Institute (API). Since 2000, when the division first began diagnosing FASD using the University of Washington developed 4-Digit Diagnostic Process, 1,130 individuals have been diagnosed. Of those who completed a diagnosis approximately 10% have full FAS (with the facial features and growth deficiencies); 86% received a diagnosis indicating significant brain damage; and approximately 4% did not show signs of an alcohol-related disability. Once a diagnosis is complete, case planning occurs and recommendations for specific services, interventions and accommodations are made. The average age at diagnosis is between 9 and 13 years of age.
- To continue the growth and development of our FASD Diagnostic team network, the Division of Behavioral Health hosts a monthly teleconference with all diagnostic team coordinators providing an opportunity for sharing information, discussing cases, and providing new resources, research and data that may be helpful in their work. In June 2007 a two-day training for diagnostic team members was held that included one full day with Dr. Susan Astley from the University of Washington and one of the developers of the 4-Digit Diagnostic Code. Dr. Astley provided refresher training in using the diagnostic procedure, new information from their diagnostic research and responded to questions and challenges the teams are experiencing. The University of Washington has been generous in sharing their materials and expertise with Alaska, at little to no cost. During this two-day training a one-day training specifically for the team Parent Navigators, utilizing the expertise of the Stone Soup Group, was also provided.
- By increasing our diagnostic capacity, reporting to the Alaska Birth Defects Registry (ABDR) for births impacted by alcohol has increased. In partnership with the Division of Public Health, Section of Epidemiology, FAS Surveillance Project, we are improving our FAS prevalence rates. Initial data from the Registry for birth years 2002-2003 are beginning to show a small decline in the state's prevalence rate of FAS. It is too early to know if this decrease will be continued, but this is a good indicator that the state's FASD efforts are beginning to make a difference.
- In FY01 the Office of FAS conducted a Knowledge, Attitudes, Beliefs and Behaviors (KABB) survey. In FY06 we conducted a second identical survey to compare the results and to see if our 5-year federally funded effort made a difference. Across the board, improvement was shown for all questions among all participating disciplines (corrections, social workers, public health nurses, educators, substance abuse treatment providers, family practice doctors, OB/GYN's, pediatricians). The discipline showing the most improvement in knowledge, attitudes, beliefs and behaviors were corrections personnel—both adult and juvenile. Two questions where there was the greatest change were: "Is it okay for a pregnant woman to have an occasional alcoholic drink during pregnancy?" and "Are you aware of any local or state agencies that currently provide help with FAS issues in your community?"
- In December 2006, the department received notification that a Medicaid Waiver Demonstration Project award, to serve youth ages 14-21 with co-occurring diagnoses of an FASD and a seriously emotionally disturbed (SED) had been approved. The Division of Behavioral Health is playing a key role in the development and implementation of this department-wide demonstration project, building on the infrastructure of the Alaska FASD Program. The first 9-months of the project were for planning and project design and services will be offered starting in late 2007. This project will compliment and strengthen the work of the FASD Program and the Bring the Kids Home initiative.

Statutory and Regulatory Authority

AS 47.30.470-500 M AS 47.37 U

Mental Health

Uniform Alcoholism & Intoxication Treatment Act

7 AAC 78 **Grant Programs**

Contact Information

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AK Fetal Alcohol Syndrome Program Component Financial Summary					
			ollars shown in thousands		
	FY2007 Actuals	FY2008	FY2009 Governor		
		Management Plan			
Non-Formula Program:					
Component Expenditures:					
71000 Personal Services	0.0	0.0	0.0		
72000 Travel	19.3	0.0	0.0		
73000 Services	133.6	779.9	0.0		
74000 Commodities	4.4	0.0	0.0		
75000 Capital Outlay	0.0	0.0	0.0		
77000 Grants, Benefits	1,301.4	1,316.1	1,292.8		
78000 Miscellaneous	0.0	0.0	0.0		
Expenditure Totals	1,458.7	2,096.0	1,292.8		
Funding Sources:					
1002 Federal Receipts	870.2	803.2	0.0		
1004 General Fund Receipts	588.5	1,292.8	1,292.8		
Funding Totals	1,458.7	2,096.0	1,292.8		

Estimated Revenue Collections						
Description	Master Revenue Account	FY2007 Actuals	FY2008 Management Plan	FY2009 Governor		
Unrestricted Revenues None.		0.0	0.0	0.0		
Unrestricted Total		0.0	0.0	0.0		
Restricted Revenues Federal Receipts	51010	870.2	803.2	0.0		
Restricted Total Total Estimated Revenues	:	870.2 870.2	803.2 803.2	0.0 0.0		

Summary of Component Budget Changes From FY2008 Management Plan to FY2009 Governor **General Funds Federal Funds** Other Funds **Total Funds** FY2008 Management Plan 2,096.0 1,292.8 803.2 0.0 Proposed budget decreases: -Reduction of federal funds 0.0 0.0 -803.2 -803.2 FY2009 Governor 0.0 0.0 1,292.8 1,292.8